

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

AUG 19 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12006</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>ZOLA BARAHONA</u> P.O. Box, Bldg., Room No., if any Street <u>59 MOQUETTE ROW N</u> City <u>YONKERS</u> State <u>NY</u> ZIP Code + 4 <u>10703</u>	4. Name, file number, and address of labor organization. Name <u>LOCAL 365 UAW</u> Labor Organization File Number <u>035429</u> P.O. Box, Building and Room Number, if any Street <u>30-07 39TH AVENUE</u> City <u>L.I.C.</u> State <u>NY</u> ZIP Code + 4 <u>11101</u>
5. Position in labor organization. <u>FINANCIAL SECRETARY</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Zola Barahona

On 8/2/05 (718) 392-3600  
Date Telephone Number

Name of Person Filing - **ZOILA BARAKONA**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LOCAL 365 Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **30-07 39TH AVE**City **L.I.C.**State **NY** ZIP Code + 4 **11101**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **LOCAL 365 Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **30-07 39TH AVE**City **L.I.C.**State **NY** ZIP Code + 4 **11101**

11.a. Nature of such dealing.

Pension trust is a Multi Employer Plan providing RETIREMENT benefits for APPROXIMATELY 1,200 RETIRED PARTICIPANTS 1,100 ACTIVES and 1,284 ENTITLED TO FUTURE BENEFITS. THE PLAN HAD NET ASSETS OF \$166,475,121 AT THE END OF 2004 AND PAID PENSION BENEFITS OF \$13,937,377.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

I WORK FOR THE PENSION AND WELFARE FUNDS AND RECEIVE A SALARY PAID BY BOTH THE PENSION PAID \$15,996.01

12.b. Amount. **15,996.01**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

Name of Person Filing

Zoila BARAHONA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOCAL 365 WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30-07 39th AVE

City L.I.C.

State NY ZIP Code + 4 11101

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LOCAL 365 WELFARE FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30-07 39th AVE

City L.I.C.

State NY ZIP Code + 4 11101

11.a. Nature of such dealing.

THE WELFARE FUND IS A MULTI EMPLOYER FUND PROVIDING MEDICAL COVERAGE FOR APPROXIMATELY 1,100 PARTICIPANTS. THE FUND HAD NET ASSETS OF \$5,783,043 AT THE END OF 2004 AND PAID MEDICAL BENEFITS OF \$5,436,380.00

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

I WORK FOR THE PENSION & WELFARE FUNDS AND RECEIVE A SALARY PAID BY BOTH FUNDS THE WELFARE FUND PAID \$31,992.02 OF MY SALARY.

12.b. Amount. 31,992.02

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.